ORDER

Order / Rev: 257614 Orders Alt Order #: Product Desc: 60 Spots KPDQ-AM Estimate: Flight Dates: Primary AE: Kathleen Bensi 10/03/16 - 10/16/16 Original Date / Rev: Sales Office: SMR 10/04/16 / 10/04/16 Order Type: Sales Region: SMR **GENERAL** SMR Agency Name: **Buying Contact:** Billing Type: Cash Billing Contact: Yolanda Roberts Billing Calendar: Broadcast 6400 N. Beltline Road, Suite 210 Billing Cycle: EOM/EOC Irving, TX 75063 Agency Commission: 15% New Business Thru: Advertiser Tax on Sales Name: Demographic: НН Order Separation: 00:30:00 Product Codes: Financial Planning / Investment Advice Advertiser External ID: P-04 Agency External ID: Priority: Revenue Codes: AGY, SPT, SPT Unit Code: General

Bill Plan

Start Date	End Date	# Spots	Gross Amount	Net Amount
09/26/16	10/10/16	15	\$450.00	\$382.50

Totals				
Month	# Spots	Gross Amount	Net Amount	Rating
October 2016	15	\$450.00	\$382.50	0.00
Totals	15	\$450.00	\$382.50	0.00

Account Executives

Account Executive	Sales Office	Sales Region	Start Date / End Date	Order %
Kathleen Bensi			Start Of Order - End Of Order	100%

Ln Ch Start	End	Inventory Code	Break	Start/End	Time Days	Len S	oots	Rate Pri Rtg Type	Spots	Amount
E 1 KPDQ 10/03/	16 10/16/16	Sign-On/Sign-Off M-SU 12a-12a		6:00 AM-7:0 (6:00 AM-7:0	00 PM 3-33333 00 PM)	1:00	18	\$30.00P-04 0.00 NM	15	\$450.00
<u>Start Date</u> Week: 10/03/16 Week: 10/10/16	End Date 10/09/16 10/16/16	Weekdays 3333- 3	Spots/Week 12 3	Rate \$30.00 \$30.00	Rating 0.00 0.00					
								Totals	15	\$450.00

Totale

10



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ALEMIN	Insertion Contract	act	Order #	Ver# Re	Rev# # Wks		Page #
TODODI N Beltline Road * Suite 210, Irving, TX 75063			7812005		2	•	_
	Advertiser	Product	Date	Time	Start	End	
	Tax on Sales	USA Media	10/4/16	2:38PM	10/3/16	3 10/16/16	91/9
Salam Radio Natwork	Salesperson	Salesperson Phone #	Demos				
6400 N Beltline Rd	Kathleen Bensi	(614)899-6800					
Suite 210	Sales Office	Agency	Survey				
Irving, TX 75063	SMR	Odyssey Marketing					
	Product Protection: *Financial Services	S					

SMR'S APPLICABLE COMMISSION WILL BE DEDUCTED FROM THE TOTAL NET AMOUNT Order is Broadcast Calendar Billing. Please fax signed insertion to 972-367-1928 \$ 450.00

Air Time Total Gross:

With approval of salesperson, make goods within flight only.

All orders require affidavits showing date and time spots aired, isci code, po# and/or estimate number.

Title

Name

Accepted for Salem Radio Network:

Accepted for Producer or Station: 9 Name

J-85-

91/20/01

8

30.00

09

3

15 15

> 0 0

> 0 0

0 0

0

0

0 0

0

0

0

0 0

0 0

90

Weekly Gross \$ Weekly Units

3 3

> 12 360

12

0

KPDQ-AM

Totals

KPDQ-AM

6AM-7PM

450

\$ 382.50

Total Net:

Agency Commission: \$ 67.50

360

30.00

09 12

Extended Total

Unit Rate

Total Len

Dec 26

Dec 119

Dec

Dec

Nov 28

Nov 21

Nov 14

Nov

Oct 31

Oct 24

Oct

Oct 10

Oct

17

3

S S

Days & Times

Σ

Vehicle

Line

12

S

Units

AGREEMENT FORM FOR NON-CANDIDATE/ISSUE ADVERTISEMENTS

Station and	Location:			, Pa	ite:
KPDG	2-AM/K	ORZ-	AM F	bet bul	1114
1, Ct	est station time conce	EK.			
OLE	90N -	No o	n97		
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
:60					1.
Total Char					
This broadcast t	ime will be used by:	No	on 9	7	
Does the p	rogramming (i	n whole o	r in part) on atter of n	communicate ational impo	"a rtance?"
	☐ Yes		7	XNo.	

tation and	1-AM/K	DRZ-		I Daniel	te:		
hereby reques	st station time conce	ming the follo	wing issue:				
OLEG	70N -	No o	n97				
Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks		
:60	30			30	1.		
	6A-7p						
Total Charges: \$\sqrt{900}							
his broadcast	time will be used by	No	on 9	17			
Does the p	programming (elating to any	în whole o	or in part) matter of	national impo	e "a ortance?"		
	☐ Yes			No			

importance," list the name of the	icates a message relating to any p legally qualified candidate(s) the are(s) of the election(s) (if applica-	programming refers to, the
A/N		
For programming that "communi importance," attach Agreed Upon	icates a message relating to any p n Schedule (Page 3)	olitical matter of national
I represent that the payment for	the above described broadcast tim	ne has been furnished by:
A STATE OF S	SHATE NET /	TMN
and you are authorized to annour furnishing the payment, if other to a corporation; a comm	than an individual person, is:	
The names, offices, and addresse agents of the entity are named be	es of the chief executive officers,	directors, and/or authorized
THIS STATION DOES NOT DI	SCRIMINATE OR PERMIT DI THE PLACEMENT OF ADVERT	SCRIMINATION ON THE BASIS FISING.
I agree to indemnify and hold harm reasonable attorney's fees, that may advertisement(s). For the above-st transcript, or tape, which will be before the time of the scheduled b	ensue from the broadcast of the tated broadcast(s), I also agree delivered to the station at least	above-requested to prepare a script,
TO BE SIG	NED BY ISSUE ADVE	RTISER
		901-692-3116
	Signature	Contact Phone Number
TO BE SIGN	ED BY STATION REP	
Accepted	Accepted in Part	L Rejected
Signature	Printed Name	Title